Managed Risk Medical Insurance Board (MRMIB) Division, Department, or Region (if applicable) Street Address 1000 G Street, Suite 450, Sacramento CA 98514 Area Code/Phone Number E-mail (drushton@mrmib.ca.gov) Agency Contact (name and title) Diana Rushton, Filing Officer 2. Donor Name and Address Individual Last Name First Name Manne Doc 20 Address SCI helps states improve the availability and affordability of health insurance coverage through grants and incidence in the entity's business activity (if business) or its nature and interests. If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift: Name Amount Name Scale Amount Name Scale Amount Name Scale Amount Name Scale Amount Amount Scale Amount Scale Amount Scale Amount Scale Amount	ift to Agency Report Agency Name	A PUDI	ic Document		GIFT TO AGENCY REPO
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